

09845088

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450								
Application No. <u>09/845,088</u>								
Filing Date April 26, 2001 First Named Inventor J.J. Garcia-Luna-Aceves								
Art Unit 2154								
Examiner Name Siddiqi, Mohammad A.								
Attorney Docket No. <u>5543P003</u>								
This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant applicatio to June 8, 1995, or to any design application. See instruction sheet for RCEs (not to be submitted to the USPTO) on p	n filed prior age 2.							
 Submission required under 37 C.F.R. § 1.114 - Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, appreciate non-entry of such amendment(s). 	s applicant							
a. [] Previously submitted If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.								
i. [] Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on								
ii. [] Consider the arguments in the Appeal Brief or Reply Brief previously filed on								
iii. [] Other								
b. [X] Enclosed i. [] Amendment/Reply ii. [] Affidavit(s)/Declaration(s) iii. [X] Information Disclosure Statement (IDS)								
iv. [X] Other Petition Under 37 C.F.R. § 1.78(a)(3) and § 1.78(a)(6) for Acceptance of Unintentionally Delayed Claim	for Priority							
2. Miscellaneous a. [] Suspension of action on the above-identified application is requested under 37 C.F.R. § for a period of months.(Period of suspension shall not exceed 3 months. Fee under 37 C.F.R. § 1. b. [] Other	1.103(c) 17(i) required)							
 Fees The RCE fee under 37 C.F.R. § 1.17(e) is required by C.F.R. § 1.114 when the RCE is filed. a. [X] The Director is hereby authorized to charge the following fees, or credit any overpayme Deposit Account No. 02-2666 	nts, to							
i. [X] RCE fee required under 37 C.F.R. § 1.17(e)								
ii. [] Extension of time fee (37 C.F.R. §§ 1.136 and 1.17)								
iii. [] Processing fee under 37 CFR § 1.17(i) for Limited Suspension of Action iv. [X] Other Any fee deficiency								
b. [X] Check in the amount of \$ 810.00 enclosed c. [] Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card information should be included on this form. Provide credit card information and authorization on PTO-203	i not 18.							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED								
Name (Print/Type) <u>Lester J. Vincent</u> Registration No. (Attorney/Agent) <u>31,460</u>	<u> </u>							
Signature Date Date 29, 2008								
CERTIFICATE OF MAILING OR TRANSMISSION								
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:								
Name (Print/Type) Adjustment dates 63/18/2 Signature Date 02 FC:1454 1410.66	3007 022666							

810.00 DA

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01 FC:1801

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UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND								
1 Date of Request: 03/17/09 2 Serial/Pater			tent	it #09/845,088				
3 Ple	Please refund the following fee(s): 4 PAPER 5 DATE NUMBER FILED 6 AMC		6 AMOUNT					
	Filing					\$		
	Amendment					\$		
	Extension of Time					\$		
	Notice of Appeal/Appeal					\$		
Х	Petition		WF	EE	09/29/08	\$ 1,410.00		
	Issue					\$		
	Cert of Correction/Terminal	Disc.			·	\$		
	Maintenance					\$		
	Assignment					\$		
	Other					\$		
		7 TOTAL AMOUNT OF REFUND			\$ 1,410.0	0		
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10 REASON:		Treasury Check						
	Overpayment		Х	O	redit Dep	posit A/C #:		
Х	Duplicate Payment			9 (2	2 6 6 6		
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11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME: Andrea M. Smith			т	TITLE:	Petitions Examiner			
SIGNATURE: /Andrea M. Smith/			P	PHONE:	2-3226			
OFFICE: Office of Petitions								
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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